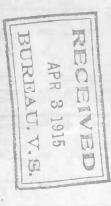
state	1 PLACE OF DEATH	3836 STATE OF MARYLAND	
is very	County	CERTIFICATE OF DEATH	
		Registration Dist. No.	
CCUPATION	Village or City near Millington	St.; Ward)  [if death occurred to a hospital or institution, give its NAME instead of street and number.]	
HYSI of oc	FULL NAME Pennella U	mbrize of street and number.	
ant P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
EXACTL)	Finale Sheet Strage Strage	16 DATE OF DEATH Much 18, 1913 (Month) (Day (Year)	
Exact	6 DATE OF BIRTH .	March 8 1910, to March 6 , 1915	
fled.	(Month) (Day (Year)	that I last saw h A alive on	
hould	7 AGE  1 If LESS than 1 day,hrs. 0	and that death occurred on the date stated above, at 2 ft n The CAUSE OF, DEATH* was as follows:	
AGE s	BOCCUPATION (a) Trade, profession, or		
ray be p	particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)	
fully su it it m tificate.	9 BIRTHPLACE (State or country) Md	GontributorySecondary	
so that of cer	10 NAME OF Sout know	(Signed) (Doration) yrs mos ds	
erms.	V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT	
ion she piain to ions on	OF FATHER (State or country)  12 MAIDEN NAME YOUNG BORGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	
in	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place In the of death yrs mos ds. State yrs mos ds	
of Infor DEATH See inst	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
of of	(Interment)	Former or usual residence	
CAUSE Importan	15 3/18 July Gulfier Comer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS	
N. B.	Filed 18 ,1940 Julison Omes REGISTRAR	John Se Smith millington	
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V S No. 1	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichae-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," etc.), "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH	STATE OF MARYLAND
	K m	CERTIFICATE OF DEATH
C	ounty Lund	Registration Dist. No. 203
	5 11 11	Registration Dist. No.
٧	iliage or City Noch Hall (No.	St.; Ward) [If death occurred in a hospital or institution,
	DO 11 1 11	give its NAME lostead
	PULL NAME Thillip 1200	-ge Ashley of street and oumber.]
==		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE,	16 DATE OF DEATH Mush 22 1913
7/	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)	(Month) (Day) (Year)
	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	aus 9 1835	11 1913 to Albridge 32 , 1913 ;
	(Month) (Day) (Year)	that I last saw here alive on Manage 22, 1913.
7 A	The state of the s	and that death occurred on the date stated above, at 23 to 10 m,
	7 9 yrs 7 mos. / 3 ds. or min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	1 - 1
(a)	Trade, profession, or 30. 12. 12.	Munoscleroses
1		
bus	General nature of Industry, iness, or establishment to	(Qoratish) yrs. mos. ds.
	ch employed (or employer)	Contributory Heart Genelical Remal
(S	RTHPLACE (ate or country)	(Segondary)
	10 NAME OF DENT CO THE	mos ds.
	FATHER John Albles	(Signed) Ilaki Geral to Death, M. D.
S	11 BIRTHPLACE	,191 (Address) Roely Heall med
PARENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
RE	12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER LUSAN Rickells	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place >   In the
	(State or country) Zallinon Fuel	of death 7 yrs. mos ds. State fyrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, if not at place of death?
	(Informant) Gorge Leshley	Former or Ruely 2/0/1/1
	Rub Brook	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	4 / J
15	3/211 4 7/2 X)	20 UNDERTAKER ADDRESS
FII	1910 SAWAMA	000 110
	If more blanks are needed, address State Registra	I have the cury Rock Hall

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer or Planter, As examples: For persons "Forcman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "PURRPERAL septicharcause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. usnt neopinsms); Weasles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For VIO-



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## PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred la Ward) a hospital or institution. give its NAME instead of street and number.1 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. widowed ordiverse word (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) . TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country ..... yrs. ..... mos. Stale ..... yrs. \_\_\_\_ mos. .... ds Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA TO UNDERTAKE ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankiin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Colton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Horeman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhojid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, lctanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or mlsearriage as "Puerrenal seplichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BURLAU, V. S.

	1 PLACE OF DEATH	3899 STATE OF MARYLAND
	County Kent	CERTIFICATE OF DEATH
	County County	Registration Dist. No. 202
-	Clatata 1	/ Stock and the
	Village or City (No(No	St; Ward) [If death occurred in a hospilal or institution,
		give its MAME instead of street and number.]
-	² FULL NAME	
10.0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX. COLOR OR RACE SINGLE, MARRIED, WIDDWED WIDDWED	16 DATE OF DEATH March 21 1915
	hale Black (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY. That   attended deceased from
	6 DATE OF BIRTH	191 ta 191
	March 21, 1915 (Month) (Day) (Year)	that I last saw h aftive on 191
	7 AGE If LESS than	and that death occurred on the date stated above, atm.
	Stelvel - Russia ds OR min.?	The CAUSE OF DEATH * was as follows:
	B OCCUPATION	ATAO RA
	B OCCUPATION (a) Trade, profession, or A particular kind of work	oue-room
0	O(b) General nature of industry business, or establishment in	
	which employed (or employer)	(Ouration) yrs. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF:	(Burallen) yrs. mes de,
	FATHER Gail Black	(Signed) I de Distinguis Trag, Ma
	11 BIRTHPLACE OF FATHER - AM + C	, 191 (Address) Ches lerlound
.	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O  13 MAIDEN NAME O  14 MAIDEN NAME O  15 MAIDEN NAME O  16 MAIDEN NAME O  17 MAIDEN NAME O  18 M	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	of Mother Carrie Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER  14	OR RECENT RESIDENTS) At piece in the
	(State or country)	ef deethyrsmesde. State,yrsmesds. Where was disease coetrasted,
	S- 1 B) 1.	If not at place of death?
	(Informant) Carl UStack	ueual residence
	(Address) Chestertour IV. D.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 play 1 5 111 T 10'1	20 UNDERTAKER ADDRESS
	Filed 3/21 , 191 5 W. I JUCKS	1 S To
	If more blanks are needed, address State Registrar,	16W. Saratoga St., Balto, Requesting V. S. No. 1.
	and a south a	

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, wife, Housework, or Al Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. cion, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. -Coal mine, etc. Statement of Occupation-Precise statement of occupaas At school or At home. Care should be The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," But in many cases, If retired from without more The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. cause. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere



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N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1	PL.	ACE	OF	DE	ATH
	-	AUF	OL		ALL



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[if death occurred in a hospital or institution,

	FULL NAME Celice I Borde	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Wiooweo, Marries ORDIVORCEO	16 DATE OF DEATH  March (Month) (Day) (Year)
6 D	ATE OF BIRTH    (Write the word)    (Worth (Day) (Year)	that I last saw her alive on March 10, 1915
7 A		and that death occurred on the date stated above, at 2
(a pa	CCUPATION ) Trade, profession, or Housework rticular kind of work	acute Miphritis
bus whi	General nature of Industry, iness, or establishment in ich employed (or employer)	Contributory archite of Beart
(8	10 NAME OF Elexander Janes.	(Secondary)  (Duration) 2 yrs mos. ds.  (Signed) 4 yrs mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER.		*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
	(Informant) Searce Best of MY KNOWLEDGE	Where was disease contracted, If not at piace of death?  Former or usuai residence.
16 Fil	ed 3/13, 1915 Juliant Dans REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Quinter Till Man 14, 1910  20 UNDERTAKER  ADDRESS  ALL Luter Med
	If more blanks are needed, address State Revistra	r & E Franklin St Relto Proposting V S No 1

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfuimine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal feec (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medicai Association.) "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can Examples: cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Village or City Chestestown (No. 5)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  Soccupation  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	16 DATE OF DEATH  (Month) (Day (Year)  1 Mar 4 Nerell (Year)  1 Hereby Certify, That I attended deceased from 191 Mar 4 Nerell (Year)  that I last saw how alive on war 6 191 Mar 4 Nerell (Year)  and that death occurred on the date stated above, at 1 - 0 - m.  The CAUSE OF DEATH* was as follows:  (Buration) Or 195 mos 6t.
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Source  OF FATHER Source  OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 MAIDEN NAME OF MALLILLE MESHOLS  13 BIRTHPLACE OF MOTHER  (State or country)  14 MALLILLE MESHOLS  15 MOTHER  OF MOTHER	Contributory Secondary  (Durallog) yrs mos 2 is.  (Signed) Mall 2 Note of Mallog yrs mos 2 is.  (Signed) Allo 2 Note of Mallog yrs mos 2 is.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place In the
(Informant) Darah Deure (Informant) Chestertown Mid.  15 Filed Mass. 18, 1913 Med. Accord REGISTRAR	of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  PROBLEM NEEL Contracts  20 UNDERTAKER  ADDRESS  LAA. ADDRESS  Whistertown  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never retnrn, "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: cugineer, (0)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

injnry, as fracture of skull, and consequences (e. g., mia," "Purreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coma" "Coma" "Toma" "Daulitana" "Daulitana" "Toma" mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) canse of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) death), 29

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 6 1915
BURBAU, V.S.

S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Ulant	2 - 1
m 11.	Registration Dist. No.
Village or City / Lillung frm (No.	St.; Ward) [It death occurred in a hospital or institution,
$m \cap 0 - 6$	give lis NAME Instead of street and nomber.
* FULL NAME / Is fennee OC	man
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Offit, ORDIVERCED	18 DATE OF DEATH MANCH /2-, 1915 (Month) (Day) (Year)
Semale Coulce ORDIVORCED (Write the word)	17   I HEREBY CERTIFY, That I attemded deceased from
6 DATE OF BIRTH Corib 18 1838	Jan - 1 - 1914, to March 1 , 1912,
(Month) (Day) (Year)	that I last saw h a alive on Much / 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 9 4 m,
76 yrs. 10 mos. 29 ds. 0Rmin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION O	com proconagus
(a) Trade, profession, or flowservice particular kind of work.	
(b) General nature of Industry, business, or establishment lu	(Duration) / yys 9 mos / 2 ds.
which employed (or employer)	(1.t. 0 0) T.
9 BIRTHPLACE (State or country) Nan-Arra	(Secondary)  (Deration)  (Deration)  (Deration)  (Deration)  (Deration)
10 NAME OF FATHER Out & Some	(Signed) Mint 13 m. o.
0 11 BIRTHPLACE	MANGE 1915 (Address) Phillman John
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER 7.	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Celara Bryan pen 15 Sun	(Former or
and the standard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Christertown 3-28, 1915
MAR 19 1915 Julian Jones	20 UNDERTAKER ADDRESS
REGISTRAR	John & Smith Millington
If more blanks are needed, address State Registra	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative leaithfulmine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genitai," sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "PUERPEBAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart failure," "Haemorrhage," "Inanition," "Maras valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.: Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: cause for For vio-



PERMANENT 4 -THIS NK UNFADING WITH PLAINLY

PLACE OF DEATH state SICIANS should County PHYSICIANS Village or City RECORD <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 5 SINGLE. 4 COLOR OR RACE SEX MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH classified. (Day) (Year) 7 AGE If LESS than should 1 day, .... hrs. OR ..... ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work supplied. (b) General nature of Industry, pe business, or establishment in may which employed (or employer) ..... that it ma 9 BIRTHPLACE (State or country) Carefully 10 NAME OF 0 be back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should 12 MAIDEN NAME plain OF MOTHER instructions information 13 BIRTHPLACE = OF MOTHER (State or country) of inford WRITE 14THE ABOVE IS TRUE TO See (Informant) item 10 Important. CAUSE (Address) 15 Filed. m REGISTRAR John d. Amin. ż If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number. 1

MEDICAL CERTI	FICATE O	F DEATH	
16 DATE OF DEATH	(Month)	(Day)	, 191 S
Feb. 15, 1915, to		- ,	6, 191
that I last saw harmalive on	Mo	0	191
and that death occurred on the d	ate stated	above, at.	dim
The CAUSE OF DEATH* was as	follows:		
mitral reg	ugi	lobo	······································
Contributory Ocal		/yrs. ardi	mosd
	Ba	les	. M. 1
*State the DISEASE CAUSING I CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or,	in deaths fro d (2) whether	M VIOLENT
1B LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death	In the	Institutions	
Former or usual residence	****************	******************************	*******************************
bhesterville	ma	DATE OF	BURIAL 1910
20 UNDERTAKER			

Mulling

S. ż

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

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PLACE OF DEATH	3904 STATE OF MARYLAND
County Tent	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Sassfrak (No.	St.; Ward)  [If death occurred to a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mak Thite (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year	7 ach 9th, 1914, to Mar 3, 1914,
7 AGE If LESS t 1 day,	The CAUSE OF DEATH * was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (h) General nature of industry, business, or establishment in which employed (or employer)	Jales Suberculoses  J. (Duration) Ilder friends ds.
9 BIRTHPLACE (State or country)	(Secondary)  (Duration)
10 NAME OF FATHER William B. Culhan	(Signed) Geo R. Julia, M. D.,
11 BIRTHPLACE OF FATHER (State or country)  12 MaiDen NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Leleggare	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hattie Calhorn	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 58/9/homas and The	· · · · · · · · · · · · · · · · · · ·
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Purrerral scottichacgenital," "Senile," etc.), affection need not be stated unless important. oma. Surcoma. etc., of cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

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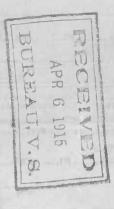
PLACE OF DEATH County Kent	) ,	STATE OF MA	OF DEATH
Village or City Collectories (No.	n ton	Registration Di	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the work)	1 5 1	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That	(Day (Year)
(Month) (Day	(Year)	that I last saw h.ta/ alive on / 47	1915
0, 0	1 day,hrs.	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, at V/ 00///m,
(a) Trado, profession, or particular kind of work	/	Contributory Conventsions	yrsds.
OFFATHER Speak of hamber  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME	2	(Signed)  Actual 15/, 191 . (Address) Selection  *State the Disease Causing Death, of Causes, state (1) Means of Injury; a tal, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)  Ment		18 LENGTH OF RESIDENCE (FOR HOSPITALION RECENT RESIDENTS)  At place In the of death yrs	
(Informant) The above is true to the Best of My Knowle	EDGE	Where was disease contracted, If not at place of death?  Former or usual residence	•
	ASS REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  LO LULLATION  20 UNDERTAKER  L. C. L. L. Guestor  Tran, 6 E. Franklin St., Balto., Requesting V.	ADDRESS Chestatour

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (V) tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustiou," State cause for Never report For VIO-



PHYSICIANS should state of OCCUPATION Is very PERMANENT RECORD Exact statement stated EXACTLY. AGE should be so properly classified. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS In plain of Information DEATH

V. S. No. 1.

CAUSE OF Important. S

N. B.

16

Village or City Pocks Hare Mo.  2 FULL NAME Premature	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie White Single, Marien, Wide White Single, Marrien, Wide Wide Wide Word)  6 Date of Birth  Mark:  1 1913	18 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from  Minch: [ 1915, to Mark: [ - 1915,
(Month) (Day (Year)  7 AGE   If LESS than   1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER Seo; Caleman  11 BIRTHPLACE OF FATHER (State or country) & Lenf C.,  12 MAIDEN NAME OF MOTHER Berthia Chuser  13 BIRTHPLACE OF MOTHER Berthia	(Signed) (Boration) yrs mos ds.  (Signed) (Signed) (No. 0. 1916 (Address) (Signed) (No. 0. 1916 (Address) (No. 0. 1916 (No
OF MOTHER (State or country) Let Co;  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rolling Rolling).	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAN

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons eugaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head State cause for Never report For vio-



# MARGIN

No. 1.

02 Þ.

N. B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very f certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of Information should be carefully sur CAUSE OF DEATH in plain terms, so that it mailmportant. See instructions on back of certificate. 1 PLACE OF DEATH

## STATE OF MARYLAND

Co	unty Kenty 1	CERTIFICATE OF DEATH
		Registration Dist. No.
VII	lage or Gity Broad Mick (No	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Wele There of the word	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D.	Month (Month) (Day (Year)	, 191 to , 191 , 1
7 A	(200)	and that death occurred on the date stated above, at
7) pa	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of Industry,	Hell Born
Whi	iness, or establishment in Chemployer Prozections (State or country) / Cent to many	Contributory Secondary
	10 NAME OF THE STATE OF THE STA	(Signed) (Ouration) yrs mos ds.
ARENTS	OF FATHER (State or country) Balling Mil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state (1) Means of Injury; and (2) whether Accidental Causes, state (1) Means of Injury; and (2) whether Accidental Causes (2) whether Accidental Causes (3) whether (3) whet
PARI	12 MAIDEN NAME Carren. Byrass.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country) Cers/ (fred Co m)	At place lo the at death yrs, mos, ds. State yrs, mos, ds
	(Informant) EN and	Where was disease contracted, If not at place of death?  Former or usual residence
16	(Address) Checker Town RR. Vol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	ed Mar 2, 1913 M. Alieks REGISTRAR	20 UNDERTAKER  ABDRESS  WE Dan'S (Little Broad)

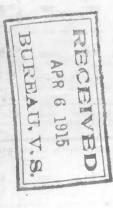
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mino, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds., "Exhaustion," For VIO-



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No.
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9	Very	PLAGE OF DEATH	STATE OF MARYLAND
9	ls ve	County & ent	CERTIFICATE OF DEATH
RECORD PHYSICIANS shoul	NO	22.	Registration Dist. No. 201
	PAT	Village or City Morgan Menell,	St.; Ward) [if death occurred is a hospital or institution,
	of occu	* FULL NAME Stacya.	Dent give its NAME instead of street and number.]
F .	ent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN Every Item of information should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statems important. See instructions on back of certificate.	statem	Lemale Leak Single, MARRIED, Widowed, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  3 54 , 1913 (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
	d. Exact	DATE OF BIRTH Sent (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  march 4, 1914, to march 5, 1915,  that I last saw her slive on march 4 to 1915.
	classifie	7 AGE 19 15 LESS than 1 day,	and that death occurred on the date stated above, at
	properly	(a) Trade, profession, or particular kind of work	Hantfailing
	be y	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
	Cat	**BIRTHPLACE (State or country) Waruland,	(Secondary)
	so tha	10 NAME OF FATHER Vernon Hacket	(Signed) (Address) (Address) (Duration) yrs mos ds, M, D.
	0	OFFATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	in pial	of MOTHER Berty Jarner  13 BIRTHPLACE OF MOTHER  MOTHER	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the
	Sep	14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE (Informant) COLUMN COLU	of death yrs mos ds. State yrs, mos ds.  Where was disease contracted, If not at place of death?
	ortant.	(Address) Morgan neck, ma	19 PLACE OF BURJAL OR REMOVAL DATE OF BURJAL
m m	Imp	Filed las 6 5, 1915 Dilliam Parys.  REGISTRAR	20 UNDERTAKER ADDRESS PARTY AND STATE OF A S
z		If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V. S. Vo. 1

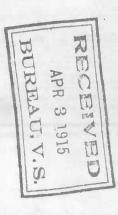
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it in and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcinosts of lungs, meninges, peritonaeum, etc., Carcinosaeum, etc.,

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purperal septichaeinus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mail oma. Surcoma. etc., of . ment ncopiesms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in a hospital or institution,

FULL NAME Annie M	Frazer of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR PACE  Here & Color or Pace Single, Merried Widowso, Ordivorced (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  1 PEREBY CERTIFY, That I attended deceased from
Much 29th, 1868  (Month) (Dy (Year)	March 8, 1915; to March 15, 1915; that I last saw h. M. alive on March 15, 1915;
7 AGE If LESS 1han	and that death occurred on the date stated above, a 12-12 m,
# 6 yrs // mos / 6 ds   1 day,hrs.	The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work.  A ouse / Lee Lee	Zuphilis
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Ouration) yrs 3 mas. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Deratton) yrs mos ds.  (Signed) Julians 9 all ma
11 BIRTHPLACE OF FATHER (State or country) VIVIUM  12 MAIDEN NAME OF MOTHER MANY	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BOOT OF MY KNOWLEDGE  (Informant)	At place of death 20 yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, fi not at place of death?  Former or usual residence.
Filed 34/7 1915 7 B. Ameding	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF MUNICIPAL STATE OF BURIAL OF 191.5

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-The

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

iujury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Maras-nus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of LENT DEATIIS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for genital," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertaized as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-



Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WITH PLAINLY, B

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County

PLACE OF DEATH

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.200
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Elf death occurred in

2 FULL NAME Allen P. Hale	St.; Ward)  a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or RACE Single, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFF, That Nattended deceased from
6 DATE OF BIRTH	that I last saw h slive on allations. 191
7 AGE If LESS fhan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 a, m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or parficular kind of work	(Duraflon) yrs. mos 17 ds.
9 BIRTHPLACE (State or country) Marylands  10 NAME OF FATHER Henry Halen	Contributory (Secondary)  (Durafion)  yrs  mes  ds.  (Signed)  Glove A Jasen Health Office, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Cla Genson  13 BIRTHPLACE OF MOTHER (State or country)  Marylands.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Terry Holes	Where was disease confracted, If not at place of deafh? Former or usual residence
(Address)  15 MAR 11 1915  Filed. REGISTRAR  If more blanks are needed, address State Registrar	20 UNDERTAKER  ADDRESS  Mullington  G. G. E. Franklin St., Balton, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfui been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

childbirth or miscarriage, as "PUERPERAL septicharcause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. er" is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," \_ (name origin; "Can "Exhaustion," Examples:



PHYSICIANS shoul RECORD statement PERMANENT EXACTLY. classified. 4 D properly AGE INK supplied. UNFADING that it ma carefully 00 0 WITH back PLAINLY of Inc.
DEATH in present instructions plain

WRITE

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7 AGE

1 PLACE OF DEATH County ...



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No

St; Waley	rd) [It death occurred in a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH March (Month)	2 2 , 1915 (Day) (Year)
17 I HEREBY CERTIFY, That  March N 1915 to M	I attended deceased from
that I last saw have alive on	nel 22,1915
and that death occurred on the date state	
The CAUSE OF DEATH* was as follows:	Unousa
(Ouration)	yrs. mos 2 ds
Contributory (Secondary)	## \$ * * * * * * * * * * * * * * * * * *
(Signed) (Duration) (Signed) (Address) 2002	grs. mos. ds Bales M. D.
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, Or HOMICIDAL.	r, In deaths from VIOLENT nd (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the ot death	S. INSTITUTIONS, TRANSIENTS.
Former or ' usual residenca	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS

<sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIOOWEO, (Write the word)

6 DATE OF BIRTH (Month) (Day) (Year) It LESS than

t day, .....hrs. OR ..... min. ?

8 OCCUPATION (a) Trade, profession, or none particular kind of work

(b) General nature of Industry, business, or establishment in

which employed (or employer) .....

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

OF FATHER (State or country) PARENT

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant). (Address).

15

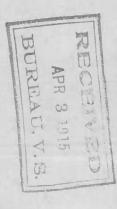
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puraperal scptichaecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chrowin oma. Sarcoma. etc., of .... ture of the American Medical Association.) LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County.

3912

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24

.....Ward)

[if death occurred in a hospital or Institution.

* FULL NAME Llead	(Some)	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
A WIDO	RIEG, Promission of the Word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Onach  (Month)	(Day) (Year)	that I last saw hasses alive on Deval Bornes 1915
7 AGE	If LESS than   1 day,hrs.   ORmln. ?	and that death occurred on the date stated above, at # @ m; The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	•	Plemetine
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	0	Contributory (Secondary)
10 NAME OF FATHER RE HYP	non	(Signed) (Deration) yrs. mos. ds.  (Signed) Fely., M. D.  ,191 (Address) College Pull.
(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	-Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Rocksta 16 Filed 3/// 1912-7. B. D	resolving REGISTRAR	Sharphron Cenetry Mar. 12, 1916.  29 UNDERTAKER  Die Hynson (Father)  Rock + Call mo
If more blanks are needed	l, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerpenal septichae genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. ture of the American Medicai Association.) "Contributory." The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



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PLACE OF DEATH	3913 STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH  Registration Dist. No.
Village or City Golds (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Baby Jon	et street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Female Whete Sangle, Married, Widdle, Widdle, Widdle, Widdle, Widdle, Widdle, Widdle, Widdle, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  (Month)  (Day)  (Year)	Har 3 1915 to Mar 6 1915, that I last saw p & alive on Mer 6 1915
TAGE    tf LESS than   day,hrs.   ds.   ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	Premara:
business, or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF Perruellones	(Signed) (Ogration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*S(sts the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Julia Sevealuran  13 BIRTHPLACE OF MOTHER (State or county)  Manyland	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) (Addre	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  AUTOMOBILE  20 UNDERTAKER  ADDRESS
Flied Smar 191 0 Horry Jrefulls REGISTRAR Tr more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
and booking and the Begin tra	a, v a. aramanu ot., Dano., Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpresal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart fallure," "Haemorrhage," "Inanition," "Marasoma. Surcoma. etc., of \_\_ ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be simpled. BEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

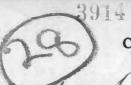
N. B.—Every Item o CAUSE OF I

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

RECORD

#### 1 PLACE OF DEATH County Neut



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

Village or City	heskertown	(No	may	kee for	St.;Ward
	17	,	. /		

[If death occurred in a hospital or institution,

FULL NAME fas A. Mille	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lold (Write the word)	(Month) (Day (Year)
** DATE OF BIRTH	that I last saw here alive on March 1915, 1915, and that death occurred on the date stated above, at 5 - 30 ft. m.
**SOCCUPATION (a) Trede, profession, or perticular kind of work (b) General neture of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Conceptor Leng 0  (Duration) 2 yrs f mgs. ds.
9 BIRTHPLACE (State or country) Newf.  10 NAME OF FATHER LOUV. Miller.  11 BIRTHPLACE OF FATHER (State or country) Kench	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informent)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deeth yrs. mos. ds. Stete yrs, mos. ds.  Where wes disease contracted, if not at place of death?— Former or usual residence.
(Address) Schustertown  16 Filed Max. 78, 1915 - M. Hecks REGISTRAR  If more blanks are needed, address State Registran	20 UNDERTAKES  ON STATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  MULLICATED  ADDRESS  Cheskefoure  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Wonfen at home, who are engaged in the who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needd. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (u) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeeause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, cte., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ete., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report For Vio-



village or City (No St.; Ward) a host give !	TH
2FULL NAME Alee Murray.	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Figurale Color or race Single, Surgle MARRIED, WIDOWED, ORDIVORGED (Write the word)  10 DATE OF DEATH  MONTH (Month) (Day  (Month) (Day	, 1915 (Year)
TAGE  OBATE OF BIRTH  ACCESS than  The state of the state alive on the date stated above, at:	1915
The CAUSE OF DEATH* was as follows:    God Courage of the Cause of Death of the Cause of the Cause of the Cause of Death of the Cause of the Cause of Death of the Cause of th	La
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) (State or country)	
10 NAME OF HEURY Murray J. Signed Harry L. Dack	mosds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OTHER  OF MOTHER  OTHER  O	from VIOLENT ether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country)    State	mas, Transients,
(Informant) Where was disease contracted, if not at place of death?  (Address) Allertan Aller	FBURIAK
Filed Pau-8, 1915 The Registran Chas State Registrar, 6 E. Franklin St., Requesting V. S. No. 1.	132 191 5

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and cousequences (e. g., cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapsc," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County & Kint	CERTIFICATE OF DEATH
0	Registration Dist. No.
Village or City Halma (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 CEV 4 COLOR OF PACE 6 SINGLE,	16 DATE OF DEATH Manh Little
Male Colore (Write the word)	
6 DATE OF BIRTH	Die sundheren 191
(Month) (Day) (Year)	that I last saw h M. alive of Latitude at the Man 191
7 AGE If LESS than	and that death occurred on the date stated above, at 4 m,
69 yrs 9 mos. 2/ ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Madde State State of
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Quartien) yrs mos ds.
10 NAME OF PLANER PLANER	(Signed) Ses A Justes Health affice, N. D.
O 11 BIRTHPLACE	1916 (Address) - Like State 7111
OF FATHER (State or country)  M  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
a of Mother dans Davis	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)  McL	At place in the of death yrs, mos, ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) after Peaker-	Former or usual residence.
(Address) Fralina Md	Place of Burial or REMOVAL DATE OF BURIAL  March 7 1985
Filed 3/6 1915 Juliani Chair	20 UNDERTAKER ADDRESS
REGISTRAR	Im J. Hichs Chesterline Mid
if more blanks are needed, address State Registrs	ar, 6 E. Franklin St. Baito., Requesting V. S. No. 1.

3916

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons, engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scotichac etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, may be stated under the head of (Recommendations on statement of (name origin; "Can Examples: d8. :



No.

ò

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	FULL NAME Joseph Jt.	
<u>-</u>	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Mars
1	male White WIDOWED, Married (Write the word)	(Mon
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, T
	Apr 22, 1852	- 92
7 .	(Month) (Day) (Year)	that I last saw had allve on
7 A	1 day,hrs.	and that death occurred on the date so The CAUSE OF DEATH* was as follow
	62 yrs. 10 mos. 18 ds. OR min.?	
	CCUPATION ) Trade, profession, or Jumes—	(orcinome of
pa	rticular kind of work	<i>J</i>
bus	iness, or establishment in	(Duration)
	ich empioyed (or empioyer)	Contributory Klion
		(Secondary)
	ich empioyed (or empioyer)	
9 B (S	10 NAME OF FATHER Same Phillips  11 BIRTHPLACE  11 BIRTHPLACE	(Secondary) (Duration
ENTS SINE	ich empioyed (or empioyer)  IRTHPLACE (tate or country)  10 NAME OF FATHER Same Phillips	(Signed) (Buration (Signed) (Address) (Address) (Address)
9 BS (S	10 NAME OF FATHER Same Phillips  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) (Duration (Signed) (Address) (Address
RENTS Sa	10 NAME OF FATHER Same Phillips  11 BIRTHPLACE (State or country)  12 MAIDEN NAME	(Signed) (Duration (Signed) (Address) (Address
PARENTS	ich empioyed (or empioyer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER	(Signed) (Buration (Signed) (Address) (Address)  *State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPIOR RECENT RESIDENTS) At place In
PARENTS	ich empioyed (or empioyer)  IRTHPLACE tate or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  Maiden Name  OF MOTHER  (State or country)  Merchant  13 BIRTHPLACE  OF MOTHER  (State or country)  Mad.	(Signed)
PARENTS	ich empioyed (or empioyer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant)  MANA A COUNTY MANA  (informant)	(Signed)
PARENTS 14-	ich empioyed (or empioyer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 BIRTHPLACE OF MOTHER  (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Man A HELLING AND	(Signed)
PARENTS 14-	ich empioyed (or empioyer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant)  MANA A COUNTY MANA  (informant)	(Signed)

1 PLACE OF DEATH

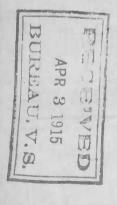
STATE OF MARYLAND		
CERTIFICATE (	OF DEATH	
Registration D	ist. No.	
Phillips Ward	(d) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]	
MEDICAL CERTIFICATE OF DEATH		
	PDEATH	
16 DATE OF DEATH (Month)	(Day) (Year)	
17 I HEREBY CERTIFY, That		
Och 1914 to Ma	rch 4 1915	
that I last saw harmallye on Mon	ch 3,1914-	
and that death occurred on the date stated	above, at 2 40 d. m.	
The CAUSE OF DEATH * was as follows:		
	A:	
Corcenome of d	we	
	200000000000000000000000000000000000000	
(Duration)	1yrs	
Contributory Exclores (Secondary)	Con	
(Duration)	yrsds.	
(Signed) Herberk	hate.	
21.1/ \ a neil	, M. D.	
1910 (Address) //We	ington /na.	
*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT d (2) whether Acciden-	
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS,	
at place in the		
of death yrs. mos. ds. State Where was disease contracted, if not at place of death?	yrs, ds	
Former or usual residence.		
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Millingtu	2-6 - , 1915	
20 UNDERTAKER	ADDRESS	

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Greery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) scpsis, tctanus) such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal schtichneetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genltai," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," \_ (name origin; "Can death), 29 ds.: Examples:



Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE V. S. No. 1.

N. B.

1 PLACE OF DEATH

PLACE OF DEATH	3918 STATE OF MAR	YLAND
mer Pent	CERTIFICATE OI	DEATH
alkin P	Registration Dist	No. 201
lage or City Lill Vond (No.	St.;Ward)	[If death occorred in a hospitat or institution,
² FULL NAME	Robenson	give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	FDEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, TURN GR. DIVORCED	16 DATE OF DEATH MALC	W 14, 1915 (Day) (Year)
March 14, 1915  (Year)	that I last saw h alive on	, 191,
AGE If LESS than	and that death occurred on the date sta	ted above, atm.
O vrs O mos O ds, OR O min.?	The CAUSE OF DEATH * was as follow	s:
OCCUPATION (a) Trade, profession, or	Still Bo	m
(b) General nature of Industry		***************************************
Dusiness, or establishment in which employed (or employer)		yrs, mos ds.
State or country Still Pond, Md.		yrs mos ds,
10 NAME OF Palah P. Robenson	/signod Vm. S. Maxwell	/ (Co // )
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and (2)	in deaths from Violent ) whether Accidental,
of Mother Innie & Roberson	B LENGTH OF RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Md.	At place In the of deethyrsmasds, State,	yrsds.
(informant) × Retra Starting:	if not et piace of death ?  Former or  usual residence	, , , , , , , , , , , , , , , , , , ,
(Address) Worlow, R. F. D. E. Wood,	19 PLACE OF BURIAL OR REMOVAL	3 - 14 - 1915 -
Filed 404	20 UNDERTAKER	ADDRESS
REGISTRAR		990 15
	age or City Still Cond (No	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Mornth)  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  14 BIRTHPLACE  OF MOTHER  15 BIRTHPLACE  OF MOTHER  16 BIRTH  17 BIRTHPLACE  OF MOTHER  18 BIRTHPLACE  OF MOTHER  OF MOTHER  19 BIRTHPLACE  OF MOTHER  OF MOTHER  19 BIRTHPLACE  OF MOTHER  19 BIRTHPLACE  OF MOTHER  OF MOTHER  19 BIRTHPLACE  OF MOTH

9010

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed cugaged in domestic service for wages, as Scrvant, Cook, the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia") Lobar indefinite); Tuberculosis of lungs, meningualified, is indefinite);

and consequences (e. g., sepsis, tclanus) may be stated suicide. The nature of the injury, as fracture of skull, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstilial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: A ecidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurby railway train-accident; Revolver wound Always qualify all diseases resulting from childas "PUERPERAL septichaemia," State cause for which Never "Exhaustion," report mere

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondage. All the data is essential and must be obtained before the ortificate is permanently filed.

BUREAU.V.S.

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DEATH

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Instructions

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WRITE

PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200 [If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at X 1 day ......hrs. The CAUSE OF DEATH & WALLE OF ON OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General pature of Industry. business, or establishment in (Duration) ......yrs.....mos... which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ., 19t ....... (Address) ARENT OF FATHER (State or country) \*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State ..... yrs. .... mos. ds. Where was disease contracted. If not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS RESISTRAR If more blanks are needed, address State Registrar, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purrperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) Accidental drowning; Struck by railway train—accier" is icss definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head or Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915 BURGAU, V.S.

T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS PLAINLY, WITH WRITE important.

	PLACE OF DEATH	5920 STATE OF MARYLAND
Count	Ment few	CERTIFICATE OF DEATH
Count		Registration Dist. No. 203
Villag	se or City Roely Wall Ma(No.	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead
	* FULL NAME TO hame So	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale Color or race Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  A HEREBY CERTIFY, That I attended deceased from
6 DATE	OF BIRTH  Amely 4, 1915  (Month) (Day) (Year)	that I last saw han street dead Manh 4,1915-
7 AGE	If LESS than	and that death occurred on the date stated above, st
1 1 /	PATION profession, er r kind ef work	Abolion 6 Marshs
business,	ral nature of industry, or establishment in ployed (or employer)	(Doration) yrs. mos. ds.
<sup>9</sup> BIRTH (State o	PLACE or country) ful les Ind.	Contributory (Secondary) yrs mos ds.
	PATHER Gorge A Rochester	(Signed) Alliam Haff, M. D.
N (S	SIRTHPLACE OF FATHER state or country)  Link les mg	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	OF MOTHER THE STATE OF STATE O	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
. 13 B	BIRTHPLACE OF MOTHER Late or country) Lant less Ind	At place In the of death yrs mos ds. State yrs mos ds.
14 THE A	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contracted, If not at placa of death?
(Inform	nanty My Lybushin	Former of usual residence
(	(Address) Rost Healf Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied.	3/4 ,1915 7. B. Durding	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfuiwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

childbirth or miscarriage, as "Purperal scptichae mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ampie: Mcastes (disease causing death), 29 ds. sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritix nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can State cause for Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

should state ON is very	PLACE OF DEATH  County Link	3921 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 204
PHYSICIANS should of OCCUPATION IS	Village or City Dandy Dollom No. Ch	Stewart [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
ent.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVILLA WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Musch 17, 1915- (Month) (Day (Year)
Exac	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from May 191
classified.	7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, a 250Pm.
-5	3 8 yrs 9 mos 7, ds. OR min.?	The CAUSE OF DEATH* was as follows:
AGE s properly	(a) Trade, profession, or Jarin Land	Tulmonny Subucalor
supplied. may be te.	(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs mos ds.
arefully su that it m certificate.	9 BIRTHPLACE (State or country) Seules Ind	Contributory Secondary
0 000	10 NAME OF Thellip Stewart	(Signed) M. O. (Signed) M. O.
terms, on back	11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
40 60	a Cleur homas	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
information ATH in plair Instructions	13 BIRTHPLACE OF MOTHER (State or country) Could.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place in the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted,
em of ir OF DEA	(Informant) Sayers Black	If net at place of death?
Every Ite CAUSE ( Important	(Address) Cheolectoron	Sandey Contora Canal Mor 14, 1915
. B.—E.	Filed March 12, 1915 F. N. Smith	20 UNDERTAKER LADDRESS  That H Care to Desple Halo
Z		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobite factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tlon is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Satesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failuic," "Huemorrhage," "Juanttion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Nobably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resultlug Meastes "Semile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secoudary), 10 ds. terminal conditions, such as "As-"Dropsy," "Exhaustion," etc. State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

B. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be that if may be properly classified. Exact statement of OCCUPATION is very A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE certificate. DEATH in plain terms, so See instructions on back of should be Every Item of information CAUSE OF DEATH in plai important. See instructions N. B.

PLACE OF DEATH Kent

3922

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 20/

St.;.... .....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

FULL NAME Still Born.	es strees and bumber. j
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall Slack Single, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH Sead Down days, 1918— (Month) (Day) (Year)
G DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191
7 AGE If LESS than f day, hrs. OR min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
OF FATHER Slowed Stavent  11 BIRTHPLACE OF FATHER (State or country) Start Co Mod.  12 Maiden Name OF Mother OF Mother Mo	(Signed) W. S. Way Luvell, M. D. 3.—18—, 1918—(Address) Sull By Way Way.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Kent Co Wd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Report to the Best of My Knowledge	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Max 18, 1916 Prilliam Parx,  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  War 19.3.  20 UNDERTAKER  ADDRESS  Still Park

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#### S. No. 1

CAUSE OF

N.B.

PLACE OF DEATH



#### 3923 STATE OF MARYLAND CERTIFICATE OF DEATH

County MA	009
	Registration Dist, No. 202
Vittage or City & Mestertown (No. The	St.; Ward)  [if death occurred la a hospital or institution, give its NAME Instead
Land lie a	ot street and nomber.]
2FULL NAME	www.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Color or race 5 single, Married wipower, or olvoreze Or olvoreze (Write the word)	Odate of Death March 14, 1915 (Month) (Day (Year)
6 DATE OF BIRTH Lukuvin 1833	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h in alive on the 12, 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 12-30 m.
8 2 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	arleno Relevoses
7 (a) Trade, profession, or Hame.	1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *
(b) General nature of Industry,	Em D
business, or establishment in	(Ouration) yrs mos os.
which employed (or employer)  9 BIRTHPLACE	Contributory 1997
(State or country)	Secondary
10 NAME OF PATHER PARTY SERVICE STATES	(Signed) (Duration) yrs mos ds.
O 11 BIRTHPLACE	Mar N 19N (Address) Wielulowy
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Marel Marilone	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place lo the ot death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informati) Mary Deary man	Former or
(IIII) mail)	usual residence
(Address) DARGELATORY	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Juaker Nees Co Wid Mich 6 191 5
Filed Das 13 195 West Stick's	29 UNDERTAKER ADDRESS
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If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

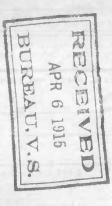
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or Intercurrent) is less definite; avoid use of "Tumor" for malls: tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.;



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N. B.

#### Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A See Instructions on back of certificate. important.

PLACE OF DEATH
ounty Rant
/illage or City Still Pond Station

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

St.; Ward)

[if death occurred in a hospital or lostitution, give its NAME lostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Volor of Race Single, Married, Married, Wisowed, Ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h. A.A. alive on March 15th 1915.
50 yrs. 5 mos. 22 ds. or. min.?	and that death occurred on the date stated above, at 1 mm. The CAUSE OF DEATH * was as follows: Subcreteloses of throat au
(a) Trade, profession, or particular kind of work  (b) General nature of industry,  business, or establishment in	ennage d
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory. (Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE (State of country)  MANUS  12 (State of country)	(Signed) , Maywell , M. D. 3. 30 - , 1913 (Address) Sill Port , WAY State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Watilda Thouas	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(informant) Quille Villison	If not at place of death?  Former or  usual residence.
Filed Hav 30 , 1915 Preferan Park. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  WOUNTAMN W. E. Ch. 40 Ch. 1915.  20 UNDERTAKER  ADDRESS  ADDRESS  STANDARD  ADDRESS
If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dinemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Ex cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puebpebal peritonitie," etc. State cause for childbirth or miscarriage, as "PUREPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis uant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails ture of the American Medicai Association.) Accidental drowning; Struck by railway train-accioma. Surcoma. etc., of ... Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



PERMANENT BINDING 4 00 UNFADING INK-THIS ESERVED C WITH MARGIN PLAINLY,

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement EXACTLY. properly classified. pe pinous AGE supplied. certificate. carefully that it 80 5 pe on back terms, pinous plain Every item of information a CAUSE OF DEATH in plain important. See instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in ...Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, MON Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE 1 day,.....hrs.

OR ..... ?

REGISTRAR

DATE OF DEATH	3		30	, 1913.
L HEDERY 6	(Month)		(Day)	(Year)
17 I HEREBY CE				
3 ~ 30 , 191 4	., to			191,
that I last saw h. 2000 allye o	, <u>3</u>	30	**********	, ۱۶۱م
and that death occurred on th	ne date state	d abov	e, st	ZPm
The CAUSE OF DEATH * was	as follows:			
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				***************************************
( 1 )	(Duration)			- (
(Secondary)	alysi	10	Mure VI	uluns
			10	rhan
100	(Duration) :.	yrs		08.9
(Signed) Z C	Min			, M. D.
3-31,1915 (Addres	ss) SC	ill	Pos	rd
*State the DISEASE CAUSIN		In dos	the from	VIOLENIE
CAUSES, state (1) MEANS OF	F INJURY; a	nd (2)	whether	ACCIDEN-
18 LENGTH OF RESIDENCE (F OR RECENT RESIDENTS)	OR HOSPITAL	s. Instit	TUTIONS, T	RANSIENTS,
At place	lo the			
ot death yrs mos Where was disease contracted.	as. State	yr	s, m	os ds.
It not at place of death?	*******	ar aanaan o <sub>0 a</sub> o <sub>00</sub>	1 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =	000000000000000000000000000000000000000
Former or				
usual residence				***************************************
19 PLACE OF BURIAL OR RE	MOVAL	DAT	E QF BU	RIAL
Still Konol		MA	XXX	2, 191.5
20 UNDERTAKER		ADD	RESS .	1

8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS TRUE TO THE (Address) ..... 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. œ.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuborculosis of lungs, meninges, pertionaeum, etc.. Caroin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915 BUREAU, V.S.

702

	1 PLACE OF DEATH	3925 STATE OF MARYLAND
	County Ceal	CERTIFICATE OF DEATH
	Of An 18 U	Registered No. 2-14
	Village or City Milestonen M (No. 7,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Margaret	a Wesley of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED	18 DATE OF DEATH WWY 16, 1915.  (Month) (Day) (Year)
-	B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw her alive on May 15, 1915,
	AGE (SIGHTH) (Day) (Teal)	and that death occurred on the date stated above, at 2 P, m.
	yrs mos ds f day, hrs.	The CAUSE OF DEATH * Was as follows:
	OCCUPATION	Jonnelio Freumone
, in	(a) Trade, profession, or particular kind of work	ench my morning
00	(b) General nature of industry, business, or establishment io which employed (or employer)	(Buration) yrs. 2 mos. ds.
	State or country) Md.	Contributory (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
	10 NAME OF HEALTHY WESLEY	(Signed) Yrs. mos. ds.
	Z (State or country)	1910 (Address) Checkelon
.     1	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
'	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds.
1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) History Wesley	Former or usual residence
	(Address) Theselows R.D. 4	TO PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	6 Starle 1 months	Joek Hall [Mar-1], 1910
	FILES 1919 COLUMN REGISTRAR	Jemy Wesley Phistectown
	f more blanks are needed, address State Registrar, 6 E	Franklin Sk., Balto., Requesting V. S. No. 1.
1		Henry Weskey

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinelosis of lungs, meninges, peritonaeum, etc.. Carcinelosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skuil, and consequences (e. g., mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Puerperal acptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (mercly symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart discase; Chronic interstitial nophritis cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Never report Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Com	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City Poels Malino.	Registration Dist. No. 2  St.; Ward)  St.; Ward)  Intending the line of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX G DAT	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, WIDOWED, With the word) E OF BIRTH  MAY 20, 1897	16 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY. That I attended deceased from  (Intel ) last saw help alive on March 29  (that I last saw help alive on March 29  (1915)
		snd that death occurred on the date stated shove, at 6.35% m, The GAUSE OF DEATH was as 18 llows:
(b) Ge busines which i	ade, profession, er ular kind ef work  noral nature ef industry, is, or establishment in employed (or employer)  THPLACE e or country)  June 10 brings	Opportunity Gradien yrs. mos 7. ds. (Secondary)
ENTS	ONAME OF FATHER O. Frank Whifalty  BIRTHPLACE (State or country) fent County  MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed) , M. D.  (Signed) , M. D.  (Signed) , M. D.  (Signed) , M. D.  *State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 <sub>THE</sub>	SBIRTHPLACE OF MOTHER (State or country) Sunt Communication of the Best of MY KNOWLEDGE OF THE BEST OF THE BEST OF MY KNOWLEDGE OF THE BEST OF THE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or
15 Filed.	(Address) 1912 1-18. Durding.  Begistran	Usual residence.  19 place of Burial or REMOVAL  Ches les town Carneley a/rel 1915  20 UNDERTAKER  Thos HRam Ruck Hall

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUTTPETAL scptichae cause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maraa gcnital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJUBY and qualify as The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

